

January 28, 2003

TO: Executive Directors
Proposition 36 Contract Treatment Providers

FROM: Jeremy D. Cortez, Director
Financial and Administrative Services

SUBJECT: **180-DAY MAXIMUM RESIDENTIAL REIMBURSEMENT**

This is to remind you that billings for residential services claimed under Proposition 36 contracts will be subject to greater review. This review will be aimed at ensuring that reimbursement for residential treatment is within the maximum reimbursement cap for residential services.

The current Treatment, Supervision, and Continuing Care Services Matrix (Attachment I) states that residential services shall be “no less than 30 or more than 180 days.” The Proposition 36 Executive Steering Committee has continued to review the treatment requirements and has determined that the 180-day residential limitation shall remain the standard. Therefore, billings that include claims for more than the 180-day limit for an individual client will result in denials for the days that exceed 180 days. For example, if 190 days are billed for an individual client, 180 of those days will be paid, and the remaining 10 days will be denied. This claims review and denial will most likely occur during the monthly payment process, but may also occur during a contract monitoring visit or a fiscal audit.

Proposition 36 treatment services are offered as a part of a continuum of care. Treatment plans should be developed to include transitioning the client through the various levels of treatment and modalities, depending upon the client’s progress. The treatment plan should address transitioning a client from residential to outpatient services **prior** to the 180-day maximum stay. Residential treatment programs which do not offer outpatient services should contact their local Community Assessment Service Center (CASC) **in advance** to arrange a transfer for the client to an appropriate outpatient program. This will help ensure a smooth transition and minimum disruption of treatment services for the client. Please note that the Court will be informed that requests for extensions of residential treatment services beyond the 180-day maximum should **not** be approved.

Additional Proposition 36 Claims Procedure

Starting with claims submitted to our office in February 2003, you will be required to submit an electronic file of the billing form that details the units of service billed for each individual client. For example, the fee-for-service billing forms consist of a summary page and a supporting page which lists each individual client and the residential/outpatient units claimed for each client. We ask that you submit the supporting page(s) on diskette. The file should be submitted in its present Microsoft Excel software format.

One minor change to the supporting page (Attachment II) is the Client ID field. This field now requires that you list the client's TCPX Number. We have also added fields for the client's first and last name. The rest of the form is unchanged and can be accessed on our website at http://www.lapublichealth.org/adpa/adpa_prop36_manual.htm.

ADPA Bulletin Series

This is the first in a continuing series of bulletins which will be used to transmit important communications to a broad section of our contract agencies. These bulletins will also be posted on our website. This format should make it easier to access and reference important information.

If you have more questions and need additional information, please feel free to contact me at (626) 299-4145.

JDC:ahc

c: Patrick L. Ogawa
Wayne Sugita
Carol Morris-Lowe

**LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
ALCOHOL & DRUG PROGRAM ADMINISTRATION
FEE FOR SERVICE (RESIDENTIAL AND NON-RESIDENTIAL)**

PROPOSITION 36 USE ONLY

PROVIDER NAME: _____
 ADDRESS: _____
 CITY: _____ ZIP: _____
 SERVICE CATEGORY: _____
 CONTACT PERSON: _____

CONTRACT NO.: _____
 CLAIM PERIOD: _____
 DATE PREPARED: _____
 PROVIDER NO.: _____
 PHONE: _____

SECTION V - PROVIDER SERVICE SUMMARY

| | TCPX NUMBER | LAST NAME | FIRST NAME | ADMISSION DATE | DEPARTURE DATE | RESIDENT/ CLIENT DAYS | O U T P A T I E N T | |
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